

APPLICATION FOR DEPARTMENT REVIEW OF PLAT

Please type or print legibly (use blue or black ink). All blanks must be complete. Use N/A where not applicable. Today's Date: Project Name: Property Owner's Name Mailing Address City State Zip Contact Phone Fax Number Cell Phone E-mail Petitioner's Name 2) Mailing Address City State Zip Contact Phone Fax Number Cell Phone E-mail 3) Agent's Name Mailing Address City State Zip Contact Phone Fax Number Cell Phone E-mail PROPERTY OWNER MUST SIGN AFFIDAVIT. WHEN AGENT IS REPRESENTING CASE, BOTH AGENT AND PROPERTY OWNER MUST SIGN AFFIDAVIT. PROPERTY OWNERS' SIGNATURE AGENT'S SIGNATURE STATE OF FLORIDA **COUNTY OF LAKE** Sworn to (or affirmed) and subscribed before Sworn to (or affirmed) and subscribed before me this ______day of ______, 20_____, me this _____, 20_____, Personally Known _____ OR Produced ID _____ Personally Known _____ OR Produced ID _____ Type of Identification Type of Identification Produced _____ Produced _____ Notary's Signature Notary's Signature

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NOTARY SEAL

NOTARY SEAL

SURVEYOR'S CHECKLIST

Project Name:

Name of Surveyor Preparing Plat		Phone					
Check Box	Item to Complete	Check Box	Item to Complete				
	Original Drawing: Mylar Linen		Contiguous property (Unplatted or Subdivision name, Plat book & page no.)				
	Black Drawing Ink		Replat of:				
	Sheet Size (22½ x 27)		Lot and block numbers (must be sequential)				
	Margins (3" left, ½" other)		Block corner radii dimensions				
	Sheet No. (Individual & total)		Curvilinear lot data (note lot and boundary line radial or not)				
	Match Lines		Bearings or angles (to nearest second)				
	Scale (Stated & Graphic)		Street centerlines (distance, angle or bearing, curve data)				
	Name		Parks & recreational parcels, conservation areas				
	North Arrow		Interior excepted parcels				
	Bearing Reference (Based on a specific line)		Purpose and maintenance responsibility of dedicated areas, tracts, & granted easements				
	P.R.M.'s (Set in field and labeled on plat)		Closure (calculation checks)				
	P.C.P.'s (Intersection of street C/D's, P.C.'s, P.T.s, P.R.C.'s, P.C.C.'s; max. 1000' apart)		Certificate of title/title opinion				
	Section, Township, Range or Land Grant		Declaration of covenants, conditions and restrictions				
	City, town, village, county and state		Signed and sealed boundary survey of platted area				
	Legal description		Legend of all symbols and abbreviations				
	Dedications and Approvals (see attached example)		Vicinity Map				
	Surveyor's certificate (see attached example)		Please submit Cadd drawing in AutoCAD release 2004 or 2007 format				
	Section & quarter section lines, corners		"NOTICE:" Statement				
	Point of Beginning - Indicate as P.O.B.						
	Streets (Locations, widths, names)						
	Easements granted (location, width, and use)						
I have re	eviewed the above checklist for comp	liance with	the plat being submitted.				
SURVEYOR'S SIGNATURE DATE							

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CHECKLIST FOR DEPARTMENTAL REVIEW OF PLAT

(REVIEW BY CITY DEPARTMENTS)

The following	e following information is required to be submitted when applying for PLAT APPROVAL:					
1.		Filing fee - \$700 + \$2.50 per lot. (Make check payable to CITY OF LEESBURG).				
2.		General application form (page 1).				
3.		Surveyor's checklist completed and signed by surveyor preparing plat (page 2).				
4.		CERTIFICATES & APPROVALS containing all information shown on attached example				
		(Information shall include surveyor's signature, date, seal, and registration number and				
		dedication of streets, easements, etc.				
5.		All requirements of the most current year Florida Statutes (F.S.) Chapter 177 included on				
		plat. PLATS WILL BE RETURNED WITHOUT COMMENT IF NOT IN FINAL FORM.				
6.		TITLE CERTIFICATION per F.S. 177.041.				
7.		List of DEED RESTRICTIONS that may be on the property before and/or after platting.				
8.		Original Plat plus THREE (3) copies for distribution to city departments.				

PROCEDURES:

- 1. The Planning & Zoning Division will distribute plat to all departments for review & approval.
- 2. After approval has been received from all departments, the applicant or owner must make application to the Planning & Zoning Commission for plat approval. This application must be filed with Leesburg Planning & Zoning Division.

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DEPARTMENTAL CHECKLIST FOR "PLATS"

Project Name:					
Developer's Name _	Phone				

Developer's Name Priorie							
Item	Submission	# 1	# 2	#3			
Original Drawing: Mylar Linen							
Black Drawing Ink							
Sheet Size (221/2 x 27)							
Margins (3" left, ½" other)							
Sheet No. (Individual & total)							
Match Lines							
Scale (Stated & Graphic)							
Name							
North Arrow							
Bearing Reference (Based on a specific line)							
P.R.M.'s (Set in field and labeled on plat)							
P.C.P.'s (Intersection of street C/D's, P.C.'s, P.T.s, P.R.C.'s, P.C.C.'s; max. 1000' apart)							
Section, Township, Range or Land Grant							
City, town, village, county and state							
Legal description							
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Surveyor's certificate							
Section & quarter section lines, corners							
Point of Beginning - Indicate as P.O.B.							
Streets (Locations, widths, names)							
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Replat of:							
Lot and block numbers (must be sequential)							
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Closure (calculation checks)							
Certificate of title/title opinion							
Declaration of covenants, conditions and restrictions		_					

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